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ORIGINAL ARTICLES.

An Introductory Address to the Students of the Medico-Chirurgical College.

BY L. WEBSTER FOX, M.D.,

Professor of Ophthalmology in the Medico-Chirurgical College.

Delivered October 3, 1894.

A Senator, quite famed for his eloquence, asked a brother Senator who sat beside him during an introductory debate in Congress, to stop and hear him speak. The friend replied, "If you are going to make a speech I would be very glad to listen to it, but if you are going to read one of your infernal compositions I do not propose to stay." By a dispensation of your Faculty I have been obliged to trespass upon your indulgence this evening, and ask you not to leave the room before my composition is read.

This day marks an epoch in your lives. You have launched your canoe on a stream full of hidden rocks; many snags, much disappointment, and no few hardships will overtake you before you arrive at the great ocean of your professional life, which as yet hides from you those worlds you intend to conquer. You do not here leave behind you your student life—you have only shunted to another track; you now only concentrate your studies to a more definite purpose. You have elected to master the subtleties of a noble profession, and an inestimable service lures you toward its mastery. You have no doubt decided upon this avocation only after the most careful consideration and thought. Your friends trust you, and we trust you; see therefore to it that you neither disappoint yourselves nor us.

No profession demands more from her students than medicine. She is a jealous mistress. The midnight oil must be consumed; untiring and unceasing your efforts must be made before you can become proficient in your art. The late Sir Andrew Clark, in an address to a class of medical students, said, "Labor is the life of life. Nature will let no man overwork himself unless he play her false."

The majority of you come from the rural districts, all endowed with strong constitutions, clear heads, and good nerve-force. See to it that you do not play your natures false. You will be surrounded by the glitter and glamour of city's temptations—fascinating and pleasant as the Lauralei's glance. Some of you may become easy victims to the sorceress. Leave her and turn aside, and stick to your calling. Remember, as Dickens has said, "It is well for a man to respect his own vocation, whatever it is." You have more to do than simply to respect your calling. Remember that, in joining the ranks of the students of the Medico-Chirurgical College, you must respect them. You have also a Faculty to consider, who is closer to you than a parent. But I feel confident, when I look upon the bright, intellectual countenances about me, that the above advice is perforce unnecessary. What a grand thing it is to meet students with a purpose! I see it stamped on all your countenances. I see more; and I hear you utter, "Oh, gentle Faculty, by and through your aid we will win." It is written in letters of burning flame upon all your pennants. You ask, Is it fair that all should be demanded from the student and nothing from your instructors? No; your Faculty have grave responsibilities in directing you in the way you are to acquire the science of the healing art. They

have been awake to this fact for a long time. The changes in the policy of the school, the selection of the best teachers in the various departments, the addition of new chairs, the selection of laymen of recognized and superior ability in their respective walks of life, all tend to make this college one of the most scientific and practical in the country. Your college has adopted a course which is out of the beaten track, ambitions outside of the old-fashion type of college teaching. Your Faculty do not wish to be known as men who simply know their books; they will show you that here you will obtain, not only a safe and sound scientific education in medicine, but also eminently a practical one as well.

"The foundation of our art is knowledge of the material to be worked upon—the human body. Anatomy to its uttermost details, anatomy naked-eyed and minute, normal and abnormal, healthy and diseased, is the foundation of all good surgery." So said J. Greig Smith, and so says our Nestor of anatomy, Professor Pancoast.

Your teachers of anatomy will lead you on gradually and pleasantly through the structure of the human body, which you must know all about. How can you expect to become proficient except you know thoroughly the genesis of your profession? The great Titian was a master at mixing paints before he could produce the matchless gems which are still the admiration of the artistic world. Michael Angelo had to know how to temper his chisel before he aspired to produce that wonderful statue of Moses; Morse, the conductility of metals before he could send messages with lightning speed to the uttermost parts of the earth. Houston, in connection with his former colleague Thomson, had to produce a dynamo before they could let loose the Promethean spark that now illuminates this and hundreds of other cities the world over. In all the mechanical arts men must understand the foundation of their calling if they wish to succeed. Is it ess to ask you to labor unceasingly to understand the frame-work, the chemical aboratory, the animated organism, the wonderful handiwork of God—man?

n the acquirement of your profession you will not so much, as time rolls on, be carried to greater heights, but to broader fields of knowledge; and, at last, when you have filled the cells of your brain with theory, then the practical side of your teaching will be given you—a knowledge so essential to your success in life. Many of you will elect to become general practitioners. Of what value to you is the knowledge imparted by your professor of anatomy unless you can appreciate and follow the teachings of an Anders, or the application and technique of surgery as taught by Laplace and Ashton? "What hearing is to the physician, so is touch to the surgeon. It is the intellect which teaches both. So, when the opportunity arises, educate both ear and hand."

In this class we confidently hope to find many young men born to be masters of their art. To such I would say: Though work comes easy, work all the harder; make the talent given you increase and multiply. Though you may have genius, yet patience and hard work are necessary to make even genius fruitful. To those who have not been so well endowed, much may, nevertheless, be accomplished by perseverance. Your Faculty will lend all of you an ever-helping hand. The fable of the victory of the tortoise over the hare should be fresh in your memories. As the masses, your future patients, become more highly educated, it behooves you to aspire to a higher grade of intellectuality. We must to-day have physicians who are not only skilled in their profession, but who have a mind sufficiently broad to cope with the living questions of the day. In no time of the world's history are the intelligence and judgment of physicians so largely sought after and so highly esteemed in the important questions as how best to cope with epidemic diseases in densely populated communities. If I may make a criticism, I must say that the preliminary education of the young men who are choosing the medical profession for their life-work has not been as thorough as it should be. In this State it is now necessary to pass two boards of examiners before you can practice medicine. Is this fair under existing laws? I say, emphatically, no!

The State puts on the restrictions, but does she in like manner give us a preventive? While our Commonwealth is doing much to foster education, she is far behind in giving aid to young men who eventually must look after the health of her people. The actual prevention of outbreaks of virulent diseases or of blindness is far cheaper than trying to eradicate such evils after they have become epidemic. But in the meantime where must this aid come from? Clearly, we must look to the men who, in the abundance of their wealth, can afford to build laboratories and found institutions where young men can get his preliminary schooling.

The older countries of Europe are far ahead of us in these matters; their medical chairs are richly endowed by the State, and their occupants do nothing but investigate, analyze, and transmit. If the public wish protection they must perforce lend us a helping purse. I must quote what one of our leading teachers in medicine, Prof. William H. Welch, M.D., Baltimore, Md., says on this subject:

"In this country, for the most part, we cannot look to the State for endowment for medical education, but we must appeal to private beneficence. A few public-spirited and generous men and women have already given practical proof of their appreciation of these facts. With more general and fuller realization of these needs and present condition of medical education, and the results that can be secured by its liberal endowment, there is every reason to believe that these benefactions will be largely and rapidly increased, and that thereby the condition of medical education in this country shall cease to be a reproach to us."

How can we escape from this reproach? You young men who have not had a college education can now take advantage of your environments. You have arrived at an age when your mind becomes retentive and capable of becoming burnished by attrition. In this large city instructive lectures are given on a variety of intellectual subjects. The Franklin Institute throws her doors open to you all. The Academy of Natural Science in like manner extends a helping hand. The Young Men's Christian Association and our churches, whose pulpits filled by the ablest clergy in the land, will also welcome you. Select such plays at our theaters as will rest your mind by way of diversion. Study not only the words but the grace and movements of the actors. Remember, it is not fair to yourselves to try to brighten your minds and let your bodies remain awkward and ungainly. Plato said, "That one must form not only a mind, and not only a body, but both a mind and a body, to become a man."

In practical medicine, as in many of the mechanical arts, we need not fear reproach. We have shown the world what we can do; but how much better it would be if our scientific knowledge were equal to our mechanical skill! Then we should have students flocking to America for their medical education just as we are having students from all over the world flocking to our twin sister, the Philadelphia Dental College, which leads the world to-day in practical dentistry.

Handicapped as we are, we are nevertheless progressing. Your college is heading toward that plane of efficiency which places her in the front rank of medical institutions. Many additions have been made to the corps of instructors. Two new chairs have been added, a chair of physics, and it is with great pride that I revert to the fact that the gentleman who fills that chair is eminent in his department, and honored not only in this country, but throughout the whole scientific world. Gentlemen, it is a rare privilege that you will have, the opportunity of listening to such a teacher as Professor Edwin J. Houston. Another chair which has been added, and which will be of superlative value to you, is that of electro-therapeutics. In Professor Kennelly you have an instructor who is one of the leading masters in this new department of science.

And so I could continue to speak of the other teachers recently added to the college. With such additional advantages, you will continue to keep our college colors, the olive and the gold, ever bright, ever shining.

There are other opportunities given you for advancing yourselves. You have a va-

riety of fraternal associations. You will be asked to join quiz classes and societies. Join them, and become active workers. Let the "pride of ambition and the inspiration of generous emulation" help you to individual achievement. Let each week have its review. Not only drive the nail, but clinch it. By this means you will become adepts by asking and answering questions. If you fall below your classmates, their success will be a means of stimulating you to better work. Some of the most pleasing recollections in after-life will be your class-day associations. As you go on from one semester to another your line of instruction will be in keeping with your progress. Your last two years will find you in the field of practical medicine. I mean by this that you will be given the opportunity of becoming thoroughly acquainted with disease at the bedside. You will learn the technique of surgery, gynecology and obstetrics, and in the special departments, such as ophthalmology, otology, and dermatology you will have opportunities unsurpassed. Our large clinics in the various departments warrant me in making this statement.

You are on the edge of a future which will, at the touch of your hand, show mighty developments. Let another Pancoast, Gross, Pasteur or a Koch be found among your class. "Do what you can in your life; make what you can of your life; but, above all, love the highest and deepest and best that you can."

As you stand on the shore of the great ocean before you, do not think that you have no other motive than to acquire sufficient knowledge to enable you to pass your examination and thus get a diploma. Medicine is not a complete science; many changes have taken place in the medical world during the last decade; many more will be unfolded in the next ten years. Look what changes have been produced by the discoveries of Pasteur and Koch! In many diseases the whole line of theory and treatment has been changed.

Contrast the surgery of to-day with that of a few days ago!

How little is known about contagion! The vast field of preventive medicine is almost entirely unexplored. I feel sure that the day is not far distant when such a chair will become the most important in medical colleges.

You who are inspired remember that many crowns of laurels await you. You may not acquire wealth in gaining these honors, but you may do more—you may confer blessings upon your fellow-man, "Who can estimate the money value of the discoveries of Louis Pasteur to humanity?" asks one of our ablest writers. In the opinion of Professor Huxley these discoveries "have made good the war indemnity of five thousand million francs paid by France to Germany."

Personal habits have much to do in making or unmaking a professional career. Abstain from all unpleasant habits. See that your bodily health is as well looked after as your mental. Young men when they join college classes are sometimes led away by the idea that to chew tobacco, use profane language and approach the slovenly, are passports to manliness. Do not make this mistake. If education refines the mind let your habits refine your body. Remember that, of all men, the medical practitioner should be, above all things, a perfect gentleman.

Typhoid Fever.

BY R. E. MCVEY, M.D.

[Clinic at Kansas Medical College.]

Jennie R., 7 years of age. Duration of disease three weeks. This is the season of the year when typhoid fever is most prevalent. According to the history of the case furnished there was no chill. The fever has been continuous from the first. Upon examination we find the spleen tender and enlarged. The abdomen is tympanitic with tenderness over the illiac region.

Typhoid fever is characterized by intestinal lesions. The morbid changes are chiefly in the lower part of the illeum accompanied by diarrhea and prostration. But the lesions are not entirely confined to the spleen

and Peyers patches. There are degenerative changes in the blood, in the heart, brain, lungs, liver and kidneys.

In this case the heart is very weak, pulse 140. The blood is altered in character. When the pulse is 140 the brain and other tissues are not supported, and the result is this delirium, and local palsy which you see in the left leg and right arm, probably from infarctions in the brain or some portion of the spinal cord.

The temperature is 103°, which is not excessive. The bowels are moving from six to eight times a day. In severe cases like this the heart becomes flabby and of a grayish color, and is easily broken down at post mortem. The muscular structure of the heart undergoes granular changes which have been thought to correspond to the amyloid changes of other diseases, but the granular deposit does not give the reaction with the iodine test. We also have a cough which is characteristic of typhoid fever. Bronchitis is nearly always present, but it is not the bronchitis which is the most prominent symptom of the disturbed respiration, but the dyspnœa. The rate of respiration increases according to the rate of the pulse and the temperature curve. Rapidity of breathing may be explained by the encroachment of the diaphragm upon the lungs caused by the distension of the abdomen from the tympanites and in that case would have no serious import. But if the dyspnœa is caused by changes in the cardiac and respiratory muscles, as is probadly tho case in this patient, there is more or less danger. In this patient there is mental disturbance. The intellect is slightly impaired. You see the patient appears dull and stupid. The changes in the lymphatic glands are of great importance. The salivary glands also undergo changes. There is quite a lack of saliva in the mouth. The changed condition of the glands in the stomach give rise to indigestion. The Peyer glands in the intestines are at first infiltrated and then ulcerated. The morbid change in the intestine may terminate by absorption, by resolution or by separation of the dead tissue, by slough and the formation of ulcers. I think the Peyer patches in this patient are now ulcerated. The ulcers heal by the formation of connective tissue which springs up from the bottom of the ulcer. The danger in this case is now principally from heart failure or intestinal hemorrhage. This is the stage of the disease when complications are most likely to occur.

The first thing in the treatment is to sustain the patient by a milk diet. The heart must be sustained by strychnia and quinine. The diarrhea and intestinal irritation are best treated with morphia, bismuth and pepsin. The following does very well:

Quinine sulph..... grs. 1
Strychniæ sulph..... grs. 1-64

Every four hours in capsule, to be alternated with a prescription for the diarrhea composed of

Bismuth subnit.
Pepsini sacch.....aa. ʒ 1
Morphia sulph..... grs. 1

Mix. Ft. powders number 20 and give one every four hours.

If there should be hemorrhage from the bowels turpentine should be given and hypodermic injections of ergotin. To reduce temperature pounded ice may be placed in a sack and laid over the abdomen. The patient should be kept quiet. If properly managed the prognosis is good.

A very good way to give quinine is to take 20 grains in a half pint of ice water and inject it into the rectum at night; in this way you get the tonic effect of the quinine and the antipyretic effect of the cold water without disturbing the stomach. When the diarrhea is not easily controlled by morphia and bismuth the nitrate of silver is a most valuable remedy. To a child the age of this one you may give

Nitrate silver..... gr. 2
Distilled water..... oz. 6

M. S. A teaspoonful every six hours.

In such small doses you need have no fear of discoloration.

Patients with typhoid fever need constant watching, especially when there is delirium as you see in this case. They are liable to try to get out of bed and to struggle, which will exhaust their strength and overtax the heart. If perforation should occur it would be our duty to operate at once, as it would give the patient 50 per cent. of a chance for recovery.

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Topeka, Kansas, Saturday, Oct. 27, 1894.

The Fate of the Medical Law.

At the physician's convention, which was held in Topeka May 15, a committee of nine was appointed who should act with the legislative committees of the three societies in the management of legislation. This committee was also to act as a central committee and appoint local committees in every county to interview the various members of the legislature in regard to the bill.

The question now arises, What has become of this committee? To this committee was entrusted the management of the most important movement for the benefit of the physician and the people in the history of the State. Upon their action depends the success of one of the greatest efforts ever made in this State for medical legislation. Ninety-nine one-hundredths of all the physicians in the State are in favor of the proposed law, and it seems very unjust that it should lose even a part of its strength by the inaction of this committee.

The members of this committee were most enthusiastic in support of the proposed bill. Is it possible that in so short a time their enthusiasm has disappeared. Only a few days now are left in which to bring to bear any influence upon the candidate for Representative. This should have been done systematically and thoroughly, as was intended by the convention in requesting that local committees be appointed. However, something may yet be done if each individual will constitute himself a committee of one to use all his influence in favor of the bill.

Thanks to the chairman of one committee reports of the convention and a copy of the bill have been sent to every physician in the State.

Independent of the action of the convention societies have been organized in different parts of the State for the purpose of securing legislation, and many physicians have labored hard and earnestly for this end. We regret that the convention so signally failed in what it intended to do, but we still have great hope that there are plenty of men in the profession good enough and strong enough to carry out the work.

Catheterization of the Fallopian Tubes.

There is a conservative sentiment taking root with the prominent surgeons and laparatomists of the country, and an attempt to substitute some less radical treatment for the now common operation for the removal of the tubes and ovaries is being made. That this operation is too frequently made, and, in too many instances, does not afford the relief promised, even the most enthusiastic are ready to acknowledge. Any means of reaching these cases with less mutilation, less danger to life and an equal promise of cure, will doubtless be eagerly welcomed by both physician and patient.

Dr. Eliot, in a paper read before the Wash-

ington Obstetrical and Gynecological Society, makes the following propositions: 1st. It is possible to catheterize the Fallopian tubes. 2d. The possibility being established, the attempt to treat cases of diseased tubes by applications made directly to their surfaces is justifiable. He quotes several authorities to prove the first proposition, and in further proof cites the case of More Madden—in which while using the uterine sound in a patient suffering from dysmenorrhœa and a long sterility, the sound passed into the right Fallopian tube, and a year subsequently the woman gave birth to her first child. He also refers to the experience of Clarke, who claims to have, in several instances, passed the sound and probe into the Fallopian tube and made an application of iodine thereto.

At the same meeting Dr. Carr read a paper on the same supject in which, after giving the dangers of the operation, which are perforation of the tube or uterine wall, introducing germs or forcing pus into the peritoneal cavity, he says:

"Done as follows, the operation is in itself devoid of danger:

"Thoroughly cleanse the vagina with a bichloride douche and have hands and instruments aseptic. Introduce the speculum —either Sims' or a valve speculum. Sponge the vagina and cervix with a good antiseptic solution. Introduce the sterilized sound, not less than an eighth of an inch in diameter at its point, and curved so that after its introduction into the uterus its point may be turned to the side, when the natural conformation of the uterine cavity will guide it directly to the opening of the tube. This must be done with great care, and if the sound fails to enter the tube without the use of force the attempt must be abandoned.

"No anesthetic should be used, and if the pain is great it is probably because too much force is being used.

"The uterus itself under such circumstances is seldom sensitive.

"No traction should be made on the uterus, but the cervix may be steadied with a tenaculum.

"If successful the pus or fluid will flow through the catheter, or escape beside the sound or follow its removal. We are told that this has been done and that a cure has resulted in several instances. Ordinarily, however, we must expect to keep the tube open by repeated soundings. We may even wash out the pus cavity gently through a catheter or apply medicaments through it. In the majority of cases we would probably have a condition similar to that resulting from the opening of a tubal abscess through the vagina; and that, as we all know, is far from satisfactory. Pus will continue to be discharged, even with free drainage, for months and sometimes for years, and this in spite of antiseptic irrigation, gauze packing, and free drainage.

"The adhesions are left and are likely to be the cause of great suffering.

"An abscess of the ovary may be left to rupture into the peritoneal cavity. We all know how common it is to find ovarian abscess complicating tubal inflammation; so that the best result to be looked for, as a constancy, is a putting-off of the operation for removal of the appendages until fever and acute symptoms have subsided. Possibly a cure may result.

Roughing It for Consumption.

Dr. Chas. E. Page, of Boston, publishes in the *Medical Record* a very interesting paper on "Roughing It vs. The Coddling Treatment of Consumption." He recommends an air bath every morning, Winter and Summer, with plenty of rubbing and a dash of cold water. Exercise, and plenty of it, in the outdoor air, with perpetual disuse of flannels. Perhaps this is not exactly in accord with the treatment suggested by the present interpretations of the pathological conditions of the disease, but it certainly does recommend itself to those who by experience have found the benefits he describes.

A prominent professor in one of our Western medical colleges is to-day a living example to the benefit of such a course

treatment. When a graduate in medicine he was informed that he had an incipient phthisis. He enlisted in the army and took his chances with the weather, long marches and scarcity of food. His present healthy condition is sufficient evidence that he did not suffer thereby. That element in the make-up of animal life which we call vital resistance is encouraged by exercise, developed with good nutrition and perfected by hygiene. The best possible hygienic element is is the open air; the best nutrition is secured with a good appetite, and a good appetite is best attained from active exercise.

Right-Handedne_s.

Dr. Herrick explains the condition of right-handedness upon the theory that the left motor areas of the brain are greater in extent and more perfectly developed than is the right. This is accounted for by the fact that the left carotid coming off directly from the aorta furnishes a greater volume of blood in a given time to the left brain than does the right carotid, which is a branch of the innominate and therefore a less direct route. He says right-handedness is primarily due to this anatomical distribution of the blood vessels and the consequent better nutrition of the left brain, but its perfection is the result of the education of the motor centers by usage.

Eastern Kansas Medical Society.

The Eastern Kansas Medical Society met in the Portsmouth Building, Kansas City, Kas., October 9, 1894, 7:30 P.M.; President R. E. McVey in the chair.

Members present: Drs. Fulton, Crowell, T. R. McClintock, Connell, Cordier, Foster, Glasscock, Thompson, Todd, Hughes, Fryer and Punton, Kansas City, Mo.; Drs. Downs, Tenny, Gray, May, Fitzpatrick, Ramsey, Roberts, Martin, Thompson, Powell, Troutman, Campbell, McCallum, Boteler, Trueheart and Cornell, Kansas City, Kas.; J. C. McClintock, Frances Storrs, Lindsay, McVey, and Magee.

Minutes read and approved.

Board of censors consisting of Drs. Tenney, Lindsay and Downs, reported favorably upon the following for membership, all of Kansas City, Kas.:

Dr. Farquhard Campbell, Ann Arbor, 1883.

Dr. F. McCallum, Ensworth, 1873.

Dr. Howard M. Cornell, Kansas City Medical College, 1892.

Dr. J. W. May, Cincinnati College Medicine and Surgery, 1875.

Dr. P. P. Trueheart, Louisville Hospital College of Medicine, 1876.

Dr. J. M. Thompson, Jefferson Medical College, 1875.

Received and accepted by the society.

The president appointed the following committee on necrology to take action upon the death of Drs. O'Brien and Alexander, to report at our next meeting: Drs. Lindsay, Cordier, Fulton, Tenney, and J. C. McClintock.

The first paper of the evening was on "Fractures at the Base of the Radius," by Dr. Geo. M. Gray, Kansas City, Kas.

Dr. Fulton, in opening the discussion, said that the text-books of to-day are in error on the diagnosis of these troubles. I believe that impacted fractures on the contrary are rare, and only possible in falling from great heights in a perpendicular direction. The reduction is comparatively a simple matter. The retention is very important. Splints, anterior and posterior, and not extending beyond the metacarpal bones of the hand. Hand midway between pronation and supination the easiest position.

Dr. McClintock: Authors of text-books fail in making plain the most particular point in the trouble—that is that the serrations produced by the fracture are responsible for the non-reduction. The contraction of the tendons prevent them from fitting end to end, but are shoved past. Anesthesia should be given and proper reduction made,

and when this is done, splints are of but little use.

Dr. Downs: Free motion should not be permitted in these cases early. Joint should be immobilized. The dislocation of the ulna makes the difficulty.

Dr. Cordier: It is a difficult thing in these cases to get the patient to keep up massage sufficiently long to get a mobile joint, because of the discomfort.

Dr. Gray, in closing, said: I invariably use anesthesia in impacted fractures. The fingers should be free, not hindered by the splint.

The next paper by Dr. W. S. Lindsay, of Topeka, on "Muscular Spasm," was then read.

Dr. Punton, in opening the discussion, thought the spasm due to a reflex neurosis.

Dr. Glasscock: We find that the mind exercises a great influence over these neuroses in hysterical subjects.

Dr. Fryer: Shaking the baby when the spasm is seen coming oftentimes prevents it —probably by disturbing the cerebral circulation.

Dr. Lindsay, in closing, said the aim of the paper was to follow the path of the irritation that produced this particular spasm. Don't think that shaking the baby disturbs the circulation sufficient to stop the spasm, but it attracts the baby's attention and thus produces a change in thought, and the arrest of the spasm is due to the mental effect.

Dr. Frances Storrs, of Topeka, read a very interesting paper on "Education in the Treatment of Diseases of Women." It was freely discussed and complimented by Drs. Thompson, Fryer, Crowell, Fulton, Foster, and Punton.

Dr. J. W. May, of Kansas City, Kas., presented the subject of "Ophthalmia Neonatorum," which was well received.

In opening the discussion Dr. Fryer said that bacteriologists would take issue with the doctor in regard to the causation of this disease. I do not believe that it is possible to have a true ophthalmia neonatorum with the germ. I do not believe in the efficacy of acid boricum, but use bichloride or biniodide solutions 1-8000 as antiseptic agents.

Dr. Thompson: I believe that it is possible to produce ophthalmia neonatorum by inoculation from leucorrhœa and the acrid vaginal discharges—not necessary that it be gonnorrhœal. The little patient's eyes should be seen often, and the lids cleansed thoroughly.

Dr. Boteler: The doctor's paper is a good one. These cases are oftentimes neglected and roughly handled. Great care should be exercised in the matter of cleanliness.

Dr. Magee: Oftentimes great harm is done to the cornea by the strong sol. of arg. nitrate, as is so often used in these cases. No need of using more than 3 to 5 grains to the ounce of distilled water and following it by sodium chloride solution. If 20, 30 or 40 grains of arg. nit. be used sloughing of the cornea will invariably result.

Dr. May, in closing, said that he thought he had seen cases which were not of specific origin, and had no reason to suspicion any such trouble in the parents. Thought the weaker solutions of argentum nitratis answered every purpose and were certainly safer.

The session was marked by full and interesting discussions on all of the papers.

The society adjourned to meet in Topeka the second Tuesday in January, 1895.

R. S. MAGEE, M.D.,
Secretary.

Toxicity of Scalded or Burnt Tissues.

British Medical Journal.

In 1880 Lesser made some experiments to ascertain the effects of injecting the blood of a burnt animal into a healthy one. He seems, however, to have succeeded only in producing certain functional disturbances, never a fatal effect. Vassale and Sacchi followed a similar line of investigation, and studied the effects of extracts of parts actually burnt or scalded, and of the non-affected parts of the same animals, on healthy animals of the same or allied species. Their researches show clearly that the juice of

parts burnt has a much more toxic effect on animals of the same species than that of the non-burnt parts of the same animal. This last juice, in its turn, has a toxicity much greater than that of the juice taken from corresponding parts of a healthy animal, which is, in fact, harmless. All the juices from a burnt animal are highly toxic, and generally produce lethal effects whether injected hypodermically or into the veins of normal animals. The chief pathological effects produced were marked subserous hemorrhages, in one case especially marked in the duodenum. Filtration through porcelain somewhat diminishes but does not destroy the toxicity of the juices; boiling, however, renders them innocuous, which lends support to the view that the toxic principle is an albumose, or some substance coagulable by heat. These results are of interest as bearing on the mode of production of the after effects of burns, attributed by Foa, as early as 1881, to a process of auto-intoxication. Not long ago Kianitzin (*Ann. di Chiw. e di Farmacol.*, 1892) examined the blood, organs and urine of animals suffering from burns, and by Brieger's method obtained a substance from them which was not to be found in normal animals similarly treated. When injected into normal animals it prodnced torpor, somnolence, reduction of temperature, slow, shallow respiration, diarrhea, and death. The necropsy showed nothing but hyperæmia of the brain and kidneys. This substance was classed by its discoverer with muscarin, neurin, and peptoxin.

More recently Reiss (*Archiv fur Dermatolgie und Syphilis*, i., 1893) studied the effects of subcutaneous injection of the urine of patients suffering from burns. Such urine was very toxic, and it was found that it owed its properties to the presence of bases of the pyridin group. In cases of severe burn he recommended the speedy removal of the sloughed parts so as to minimize the absorption of poisons formed in the lesion. Vassale and Sacchi are of a similar opinion. They also recommend the employment of every possible means—such as keeping the burnt limb as low as possible, and the application of bandages—of preventing the too rapid absorption of the degeneration products, the toxicity of which they have so fully established.

The Early Treatment of Gonorrhea.

Therapeutic Gazette.

After treating gonorrhea for many years with silver solutions, Dr. von Sehlen (*Monatshefte fur Praktische Dermatologie*, June, 1894) formulates his experience in the following way:

The duration of treatment depends upon the length of time of infection before handling the case; therefore the applications must be made as early as possible. In favorable cases, when the infection is not longer than four days, the case should be cured in one day.

In case of infection lasting eight days before treatment, three to six days are necessary for a cure; infection of from eight to fourteen days requires twenty days and upward.

The early treatment retards the progress of the disease along the urethra and lessens the course of the trouble, even when the gonococcus persists.

Despite the disappearance of the cocci, recurrence is not impossible, and careful watchfulness on the part of the patient is necessary while the gonococcus, through the silver applications, loses its growing energy.

In fresh cases, up to the third or fourth day after the infection, strong solutions (from one-fourth to one per cent.) of silver nitrate can be injected by means of the usual small syringe; the meatus being tightly held and the urethra being rubbed backward and forward, the solution reaches all the urethral mucous membrane. This is repeated until the mucous membranes are seen to be coated white with the silver precipitate, while the fossa receives a special application of a 2 per cent. solution, and is coated with europhen powder, which proves a good protector.

In cases of longer standing than four days he applies, by means of the two-way catheter, feeble solutions (from .1 to 1 pro mille) in distilled water, warmed to the body temperature. The uretha soon becomes accustomed to stronger solutions, and after a few days the solution may be increased from one-fourth to one per cent., which can then be applied by means of the syringe.

The Danger of Coitus After a Copious Repast.

North American Practitioner.

Dr. J. Luys, at the same meeting, reported the case of a young military officer, aged 27, who died suddenly as if struck by lightning during the act of coitus after a copius repast, immediately after emission had taken place. Several horizontal sections of the brain, mounted between two pieces of glass in a thick solution of gelatine were shown, and presented vascular dilatations in small patches over the different regions of the white substance of the brain, especially at the genu of the corpus callosum and at the circumference of the corona radiata and the internal capsule. The capillary vessels appeared to be gorged with blood, and there seemed to have been numerous minute hemorrhages; but on careful examination of the vessels they were found not to be broken, and there was only extravasation of blood into the perivascular sheaths. The brain substance was neither lacerated nor softened. The same lesions were found in other portions of the encephphalon; in the cerebellum, pons, medulla, and cervical cord. The importance of these appearances were alluded to in determining the cause of sudden death in medical legal examinations and the danger was pointed out from a hygienic point of view to which a man in particular exposes himself by having sexual intercourse immediately after eating, especially after a copius meal.

Chronic Gastritis and Anæmia.

Therapeutische Monatshefte.

Recently Dr. Hildebrand called attention to the casual relationship which appears to exist between the presence of pharyngo-nasal affections attended by an exaggerated secretion of fœtid and irritating mucus, which is constantly being swallowed by the patient, and certain forms of gastric disturbance and anæmia. It is not by any means the first time that attention has been directed to the point, but it deserves to be mentioned, as the existence of this casual relationship is usually ignored in practice.

He has collected one hundred recent observations of chronic post-nasal catarrh, accompanied by chronic gastritis with or without dilatation of the stomach, and anæmia secondary to the gastric affection—a form that in girls is apt to assume the appearance of chlorosis or pseudo-chlorosis. The gastric and constitutional troubles are most marked in ozæna.

Treatment consists in the use of the nasal douche, the chronic gastritis in the meantime being combatted by administration of creosote, and the gastric dilatation by lavage and massage. The use of the nasal douche is always followed by lasting improvement of digestive functions even though it only exert a palliative action on the rhino-pharyngeal affection. Under this treatment patients are also enabled to take iron and arsenic, which before were not tolerated.

Notes on Goitre.

Read by Dr. Charles H. Dickson, of Toronto, Can., before the American Electro-Therapeutic Association.

This communication was supplementary to two or three others on the same subject which had been presented by the writer at previous meetings. In the early stages of simple hypertrophy a current of 100 to 150 milliamperes should be given for ten minutes at a time, a clay electrode being applied over the goitre, and a large wire gauze elec-

trode between the shoulders. When puncture is resorted to, one should not be content with a current of less than 50 milliamperes applied for eight or ten minutes, and care should be taken to observe antiseptic precautions, and to see that the portion of the needle outside of the capsule is thoroughly insulated. In his experience, the pure cystic goitres had proved to be the most amenable to treatment. His method was to aspirate the contents of the cyst, inject a hot solution of chloride of sodium (1 drachm to the ounce), apply through the trocar a current of from 50 to 100 milliamperes for ten minutes, and then withdraw the salt solution. It should be remembered that puncture alone involves some risk, and that change of residence and attention to hygiene are important adjuncts to all forms of treatment.

Dr. Robert Newman, of New York, referred to a method of treatment which was employed by Dr. Watkins, of New York city, with good results. A needle was connected with each pole of the battery, and currents of only from one-fourth to one-half a milliampere was found to answer.

Dr. Rockwell objected to the strong currents advised by Dr. Dickson.

Dr. Morton said the object of using these strong currents was to secure adhesion of the cyst walls, but the same object could be attained with a current of only 5 or 10 milliamperes by calling to our aid metallic electrolysis.

To Prevent Pitting in Smallpox.

A. M. S. Bulletin.

℞ Corrosive sublimate,
Ext. opium.....aa gr. xv.
Alcohol.....℥ iss.
Glycerin.....℥ iss.

M. Sig.—Paint frequently on the face and neck, so as to keep the parts constantly moist.

The itching of the skin will disappear, and the pustules usually abort, it is claimed, on or about the fifth day.

Commendatory.

WASHINGTON, D. C., September 11, 1894.—Gentlemen: I desire to thank you for samples of the drug, often but poorly imitated, made by your firm and known as "Antikamnia."

The adoption of the monogram on the new tablets and the recall of all the old stock from the market, will prove of benefit to you and the many physicians who may hereafter desire to afford relief by its use.

Yours respectfully,
C. E. POSTLEY, M.D.,
1429 11th St. N.W.

To the Antikamnia Chemical Co., St. Louis, Mo.

PAUL PAQUIN, in the *Hot Springs Medical Journal*, says that essence of cinnamon is the first in the list of non-poisonous antiseptics and the strongest. That it is next to bichloride of mercury in its value as an antiseptic, and that the odor of it destroys certain germs. That is possibly one reason why iodoform is valuable.

SEVERAL persons in our city are living on milk diet alone. One gentleman has taken nothing but milk for eighteen months. He says he has no appetite for anything but milk and it satisfies his appetite completely. He works every day.

THE compound antiseptic product Pasteurine is composed of cinnamon, citric acid, eucalyptus, gaultheria, etc., and is efficient in the proportion of 1 to 500.

WE believe that the medical mind is a unit as to the cause of infectious disease being micro-organisms.